or pay period
ur nav neriod
or nay period
or nav neriod
n pay period
20 Pay Pd
Employees
\$348.63
\$977.37
\$18.19
\$47.09
\$2.84
\$7.85
\$369.67
\$1,032.31
<u> </u>

RATES: HE	ALTH INSUF	RANCE PROG	RAMS					Section 3.4-7
Activ	e Employe	e Rates (Cl	hoice Plus wi	ith HSA Plan)	- Employee	Co-Share (Pe	ercent of Premi	um Based)
			E	ffective Septe	ember 1, 2016	3		-
Please repla	ce Section 3.	4-7 of the Sta	te of Rhode Islai	nd Payroll Manua	al with the new s	schedule effective	e for pay period	
beginning Se	eptember 4, 2	2016, and paid	on September 2	23, 2016.				
	FULL TIME			Medical	<u>Dental</u>	Vision	Total	
<u>Individual</u>						1		·
	Les	s than \$95,481	20%	\$53.64	\$2.80	\$0.44	\$56.88	
	\$95,	481 and above	25%	\$67.05	\$3.50	\$0.55	\$71.10	
<u>Family</u>								
	Les	s than \$49,670	15%	\$112.77	\$5.43	\$0.91	\$119.11	
;	\$49,670 to less than \$95,481			\$150.36	\$7.24	\$1.21	\$158.81	
	\$95,481 and above		25%	\$187.96	\$9.06	\$1.51	\$198.53	
	PART TIME		(Based on Annualized Total Rate)					
<u>Individual</u>								
	Less than \$90,000			\$53.64	\$2.80	\$0.44	\$56.88	
	\$90,000 and above			\$93.86	\$4.90	\$0.77	\$99.53	
<u>Family</u>								
Less than \$90,000			20%	\$150.36	\$7.24	\$1.21	\$158.81	
\$90,000 and above			35%	\$263.14	\$12.68	\$2.11	\$277.93	